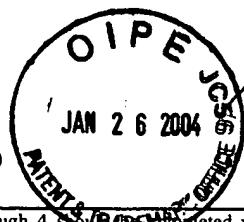


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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7590 11/25/2003

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Susan M. Dillon

(Depositor's name)

Susan M. Dillon

(Signature)

January 22, 2003

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/506,362	02/16/2000	David Clive Williams	49592 (1878)	6693

TITLE OF INVENTION: APOPTOSIS-INDUCING COMPOUNDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	02/25/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
FORD, JOHN M	1624		514-211120		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Peter F. Corless
- 2 Christine C. O'Day
- 3 Edwards & Angell, LLP

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(1) Italy,

(2) The Provost, Fellows and Scholars of the College of the Holy and Undivided Trinity of
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Christine C. O'Day

1-22-04

01/29/2004 HVUONG2 00000052 09506362

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Practitioner's Docket No. 49592 (71878)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: D. Williams et al.
Application No.: 09/506,362 Group No.: 1624
Filed: February 16, 2000 Examiner: J. Ford
For: APOPTOSIS-INDUCING COMPOUNDS

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P.O. Box 1450
Alexandria, Virginia 22313-1450
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1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Fee (37 C.F.R. section 1.18(a) and (b)):

Application status is:	<u>Regular</u>	<u>Design</u>
<input type="checkbox"/> small business entity fee	[] \$ 665.00	[] \$230.00
<input checked="" type="checkbox"/> other than a small entity fee	[X] \$1,330.00	[] \$460.00
3. Publication fee	[] \$ 300.00	
4. Advanced order of soft copies of patent fee	[X] \$ 30.00	

Total Fee Enclosed: \$ 1,360.00

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

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Susan M. Dillon
Signature

Susan M. Dillon
(type or print name of person certifying)

Date: 1/22/04

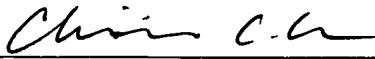
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[X] Charge Account 04-1105 for any fee deficiency.

[] Charge Account _____ the sum of \$ _____.

A duplicate of this request is attached.



SIGNATURE OF PRACTITIONER

Reg. No. 38,256

Christine C. O'Day

(type or print name of practitioner)

Tel. No. (617) 439-4444

EDWARDS & ANGELL, LLP

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